

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 21

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vinh Nguyen MD

Mailing Address 10232 Victoria Ave

City State Zip Code
Riverside CA 92503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vinh Nguyen, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 11AI-77285

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nicole Oliver MD

Mailing Address 160 E Artesia St Ste 330

City State Zip Code
Pomona CA 91767

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nicole Oliver, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : 11AI-77256

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John Otis MD

Mailing Address 8950 Villa La Jolla Drive Ste A215

City State Zip Code
La Jolla CA 92037

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Otis, MD

Occupation

Physician

Receipt For: 2015

☐ Primary ☐ General
☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2015

Transaction ID : 11AI-77289

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00